

Public Partnerships, LLC
 601-3 East Brockway Avenue, Suite E
 Morgantown, WV 26501
 Phone 888-775-9801
 Fax 304-296-1932



**West Virginia Personal Options
 Traumatic Brian Injury Waiver Program
 Transportation Invoice**

Instructions:

1. This invoice must be completed and submitted each pay period. Please do not put dates for more than one pay period on a single invoice. If more space is needed for a single pay period, use additional sheets as needed.
2. Transportation services billed on this invoice will be reimbursed at a rate set by your participant/employer.
3. The participant/employer must review approve and sign the invoice.
4. The invoice must be faxed to 1-866-616-5497; or Mail to: Public Partnerships, LLC, WV PO TBI, 601-3 E. Brockway Ave., Suite E, Morgantown, WV 26501

Participant Name: _____		Participant ID #: _____			
Employee Name: _____		Employee ID #: _____			
Service Code: A0160UD					
Date:	Destination:	Purpose of Travel:	Type of Travel:	Time Traveled:	Mileage:
				Total Mileage:	
Signature:					
I verify that I have a current valid driver's license, current vehicle inspection sticker, motor vehicle insurance as required by West Virginia State Law, and that the billing for services provided is accurate and complete.					
Employee Signature: _____			Date: _____		
Participant Signature: _____			Date: _____		

Transportation Documentation Requirements

The transportation invoice requires that you complete all the fields on the invoice. Below are examples of destinations, purpose of travel, and type of travel categories:

1. Starting Destination

- Participant's Home
- Employment/Volunteer Site
- Facility Day Program
- Fitness Center
- Public Park
- Store
- Bank
- Post Office
- Library
- Restaurant
- Public Transportation Station
- Relative/Friend's Home
- Hotel/Conference Center

2. Ending Destination

- Participant's Home
- Employment/Volunteer Site
- Facility Day Program
- Fitness Center
- Public Park
- Store
- Bank
- Post Office
- Library
- Restaurant
- Public Transportation Station
- Relative/Friend's Home
- Hotel/Conference Center

3. Purpose of Travel

- Career Development
- Social Skills Development
- Functional Academics Development
- Healthcare
- Safety
- Community Awareness
- Communication Skills Development
- Shopping
- Exercise

4. Type of Travel

- Essential Errand
- Community Activity

IMPORTANT: These documentation fields are required. If these fields are not completed you will be notified and requested to submit a corrected invoice.